Satisfaction

Survey

I value the feedback I am able to receive from clients I work with. It helps me understand areas I may need to improve or continue to strengthen. This survey is to ask your opinion about my treatment services. Please take a moment to complete this survey, by circling the most accurate response and return it via the self-addressed, stamped envelope I have provided. Thank-you!

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How satisfied are you with the therapy you received? |  1 not | 2 | 3 |  4very |
| Did the services address the problems you came to me to address? |  1 no | 2 | 3 |  4yes |
| Comparing your situation to before you came to Laura Pryor, how would you describe your current situation? |  1worse | 2 | 3 |  4better |
| Do you feel your privacy was kept secure? |  1 no | 2 | 3 |  4 yes |
| Would you refer your family/friends to your therapist? |  1 no | 2 | 3 |  4 yes |
| In what areas would you say you have noticed improvement? |  |  |  |  |
| Medical |  1 none | 2 | 3 |  4great |
| Work/School |  1 | 2 | 3 |  4 |
| Alcohol/Drugs |  1 | 2 | 3 |  4 |
| Life-Management |  1 | 2 | 3 |  4 |
| Relationships |  1 | 2 | 3 |  4 |
| Stress Management |  1 | 2 | 3 |  4 |
| Overall functioning |  1 | 2 | 3 |  4 |

What suggestions do you have for Laura Pryor to improve in her delivery of services?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How easy was it to set up an appointment with a therapist? |  1not | 2 | 3 |  4very |
| How convenient is the location of this clinic? |  1 | 2 | 3 |  4 |
| How comfortable is the office? |  1 | 2 | 3 |  4 |
| How professional has your therapist been in handling your situation? |  1 | 2 | 3 |  4 |

What suggestions do you have for me to improve our appointment and intake process?